


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019545	
1. Entity Name CABI DOWNTOWN, LLC	

Principal Place of Business 20803 BISCAYNE BLVD., SUITE 405 MIAMI, FL 33180	Mailing Address 20803 BISCAYNE BLVD., SUITE 405 MIAMI, FL 33180
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06092004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2070838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABABIE, ELIAS 20803 BISCAYNE BLVD STE 405 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CABABIE, JACOBO 20803 BISCAYNE BLVD STE 405 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABABIE, ABRAHAM 20803 BISCAYNE BLVD STE 405 MIAMI, FL 33180
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Jacobo Cababie, Director 6/10/04 305-466-1870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #